STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

February 6, 2009

GENERAL LETTER NO. 3-B-6

ISSUED BY: Office of the Deputy Director for Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter B, ***STATE RESOURCE CENTERS***, pages 102 through 105, revised.

Summary

The chapter is revised to clarify language on release of information related to the mortality review committee meetings.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 3, Chapter B, pages 102 through 105, dated October 31, 2008, and destroy them:

Additional Information

Refer questions about this general letter to the Deputy Director, Division of Field Operations.

- A report of the review shall be completed within 10 working days of the death and shall be submitted to the superintendent and director of quality management. A copy of the report shall be provided to the investigator conducting the Type 1 investigation to identify any inconsistencies between the two reports as to the facts of the case. The report shall include:
  - A summary of the information reviewed,
  - An summary of the nursing services provided in the 12 months before death,
  - An assessment of the nursing services provided and identification of any concerns related to the services provided,
  - An assessment of compliance with nursing policies and procedures, and
  - Recommendations for opportunities for improvement of policy or procedures for nursing services.

Mortality Review Committee

Resource center written policies and procedures shall assure that for every death:

- The superintendent shall appoint, within five working days of the death, a morality review committee. The purpose of the committee shall be, as part of the resource centers quality improvement process, to:
  - Conduct a thorough review all of documentation and the circumstances of the death,
  - Assess the quality and appropriateness of the services provided to the individual,
  - Identify any concerns about the quality of services provided, and
  - Recommend opportunities for improvement of the policies, procedures, or service delivery system of the resource center with the goal of improved service delivery.
- The membership of the committee shall be composed of:
  - The superintendent,
  - The physician who completed the physician's mortality review,
  - The director of nursing,
  - The medical director,

- Program treatment and nursing staff responsible for directing the individual's treatment services,
- A direct care employee who was involved in providing services to the individual,
- A social service employee providing services to the individual,
- A professional support services (OT, PT, dietary) representative responsible for providing services to the individual as part of a treatment plan,
- The investigator completing the Type 1 investigation,
- The quality management director, and
- Any other employee determined by the superintendent as appropriate to the review.

♦ The quality management director shall be the chair of the committee.

♦ The superintendent, the chair of the committee, and the medical director shall be responsible for the determination as to whether the death is expected or unexpected. The decision shall be made the same day the committee is appointed and the basis for the decision shall be documented.

♦ When the death is unexpected, the chair of the committee shall immediately initiate additional reviews of the death through an internal peer review process and an external independent physician review process.

♦ The committee shall have available all documentation relating to the death include but not limited to:

- The complete resource center record of the individual,
- All physician and nursing reports,
- Incident and other staff documentation reports related to the death,
- The autopsy report (if done and available),
- Medical reports from another facility if the death occurred there,
- The Type 1 investigation report,
- The physician's death review,
- The nursing peer death review, and
- Any other information deemed necessary by the committee.

- The committee shall meet within seven working days of the receipt of the full Type 1 investigation report, the physician's death review report, and the nursing peer death review report.
- When the reports of the profession peer review or the independent physician peer review are not available at the time of the committee's meeting, the chair shall prepare a preliminary report to the superintendent.
  - Within two working days of receipt of the reports, the superintendent, committee chair, and the quality management director shall meet and determine whether the information is sufficient to call another meeting of the mortality review committee.
  - If the decision is that another meeting is not required, the rational for that decision shall be documented and filed with the report of the committee along with the peer review report and the independent physician report.
  - If another meeting of the committee is held, the chair shall prepare a final report that shall be filled with five working days of the meeting.
- If the autopsy report is not available at the time of the mortality review committee's meeting, this shall not delay the committee's meeting, review, and report. When the autopsy report is received, the superintendent shall review the autopsy with the resource center's medical director and the independent peer review physician, when such is required, to determine whether the findings require another meeting of the full committee.
- The information provided to the committee and the proceedings of the committee shall be confidential. Members of the committee shall not disclose any written or verbal information provided to the committee or from the committee's discussions to another party other than a member of the committee without authorization from the superintendent.
- The chair of the committee shall prepare a confidential written report of the meeting within 15 working days of the committee's meeting. The content of the report shall be limited to the following:
  - The names of members of the review committee,
  - A statement of documents reviewed,
  - The opportunities for improvement identified by the committee, and
  - Any recommended plans for corrective action.

- The written report shall be drafted by the chair and circulated to the other members of the committee for review and comment.
- The final report shall be submitted to the superintendent.
- All copies of written information and reports provided to the committee during the review are not for distribution and shall be returned to the chair of the committee upon completion of the review.
- The information used by the committee and the written report of the committee shall be considered a confidential administrative record and shall be maintained in a secure file separate from the individual's record. One copy of the written information used by the committee and the report shall be maintained as part of the confidential administrative record. All duplicate copies shall be destroyed.
- The report and related documents may be released to another employee of the resource center for administrative purposes with consent of the superintendent.
- A copy of the report shall be provided to:
  - The resource center's quality performance improvement system,
  - The deputy director, and
  - The department's attorney general representative.
- Any other release of the confidential administrative record shall require the approval of the deputy director.
- The report shall not be used for any personnel actions.
- The quality management director shall be responsible for implementing and tracking implementation of all the recommendations made by the committee.

Professional Peer Review of Unexpected Death

Resource center written policies and procedures shall assure that for all unexpected deaths:

- A professional peer review shall be conducted by a professional selected by the committee who:
  - Is licensed in the profession whose area of professional expertise is most closely related to the primary cause of the individual's death, and
  - Has not been involved in the provision of services to the individual.
- When an appropriate peer is not employed by the resource center, a peer from another Department facility shall be used to conduct the peer review.